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L11 ANSWER 3 OF 3 SCISEARCH COPYRIGHT 2003 ISI (R) DUPLICATE 1  
AN 91:156580 SCISEARCH  
GA The Genuine Article (R) Number: FB578  
TI TOPICAL ANTIBIOTIC-THERAPY - CURRENT STATUS AND FUTURE-PROSPECTS  
AU EADY E A (Reprint); COVE J H  
CS UNIV LEEDS, DEPT MICROBIOL, LEEDS LS2 9JT, W YORKSHIRE, ENGLAND (Reprint)  
CYA ENGLAND  
SO DRUGS UNDER EXPERIMENTAL AND CLINICAL RESEARCH, (1990) Vol. 16, No. 8, pp. 423-433.  
DT Article; Journal  
FS LIFE  
LA ENGLISH  
REC Reference Count: 74

\*ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS\*

AB As we enter a new decade, topical antibiotics are the subject of much renewed interest and are being used on a wider scale than ever before. The reasons for using topical rather than oral therapy for a variety of dermatoses include the reduced risk of systemic side effects, the avoidance of resistance selection in the gut microflora, the higher achievable concentration of antibiotic at the site of action and the overall usage of less drug. Somewhat surprisingly, treatment costs are not reduced by the use of topical therapy. The number of antibiotics licensed for topical use has increased in recent years and now includes representatives of the tetracycline, **macrolide**, lincosamide, aminoglycoside and peptide families of antibiotics in addition to fusidic acid, chloramphenicol and of antibiotics in addition to fusidic acid, chloramphenicol and pseudomonic acid. Opinions regarding the clinical efficacy of topical antibiotics are conflicting, and for most indications alternative oral therapies are available. Topical antibiotics are the drugs of choice for the elimination of nasal carriage of *Staphylococcus aureus* and for the therapy of **eye** and external ear infections. They are also effective in the treatment of impetigo and other superficial pyodermas and in the management of localised infected eczema. Topical preparations of erythromycin, clindamycin and tetracycline are widely prescribed for the therapy of acne and are of clinical benefit in mild-moderate cases. However, they are no more effective against inflamed lesions than benzoyl peroxide and are less effective against non-inflamed lesions. They are not as effective as oral tetracycline in moderate to severe acne and should not be considered as a therapy for severe acne, for which 13-cis-**retinoic** acid is the drug of choice.

It is well known that many antibiotics, when used topically, especially for prolonged periods, select for antibiotic-resistant staphylococci at the skin surface. Tetracyclines, erythromycin and clindamycin also select for resistant staphylococci on the surface of intact skin when delivered by the oral route. The contribution of topical antibiotic usage to the current high level of antibiotic resistance in coagulase-negative staphylococci, which are increasingly implicated in infections of compromised hosts, has not been quantified, although it is known that cutaneous staphylococci possess a large pool of transferable resistance genes. The future usefulness of existing and new topical antibiotics will depend on our ability to understand and control the factors leading to resistance development.

L20 ANSWER 4 OF 4 SCISEARCH COPYRIGHT 2003 ISI (R)  
AN 95:526251 SCISEARCH  
GA The Genuine Article (R) Number: RM134  
TI EFFECTS OF IMMUNOSUPPRESSIVE AGENTS ON GLUCOSE-METABOLISM - IMPLICATIONS  
FOR THE DEVELOPMENT OF POSTTRANSPLANT DIABETES-MELLITUS  
AU KRENTZ A J (Reprint); DMITREWSKI J; MAYER D; NATTRASS M  
CS ROYAL S HANTS HOSP, BRINTONS TERRACE, SOUTHAMPTON SO14 0YG, HANTS, ENGLAND  
(Reprint); GEN HOSP, CTR DIABET RESOURCE, BIRMINGHAM B4 6NH, W MIDLANDS,  
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CYA ENGLAND  
SO CLINICAL IMMUNOTHERAPEUTICS, (AUG 1995) Vol. 4, No. 2, pp. 103-123.  
ISSN: 1172-7039.  
DT General Review; Journal  
FS CLIN  
LA ENGLISH  
REC Reference Count: 159

\*ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS\*

AB Diabetogenic effects have been ascribed to several drugs currently used  
for immunosuppression following organ transplantations, including  
corticosteroids, **cyclosporin** and **tacrolimus** (FK-506).  
Azathioprine appears to be devoid of adverse effects on carbohydrate  
metabolism.

The pathogenesis of immunosuppression-associated diabetes mellitus has  
not been clearly defined, and may be multifactorial in organ transplant  
recipients. Metabolic similarities between post-transplant diabetes and  
non-insulin-dependent diabetes mellitus include defective insulin  
secretion and impaired insulin action in target tissues. The predominant  
effect of corticosteroids is induction of a state of insulin resistance.  
**Cyclosporin** and **tacrolimus** have been shown to inhibit  
endogenous insulin secretion and may also have adverse effects on tissue  
sensitivity to insulin.

Postoperative diabetes mellitus developing de novo is a frequent  
complication of organ transplantation. Treatment with diet, oral  
antidiabetic agents or insulin may be necessary. Postoperative diabetes  
may be a transient phenomenon in some patients, whereas others may require  
long term. insulin treatment. Although clinically overt diabetes is  
readily diagnosed, the prevalence of subclinical degrees of glucose  
intolerance may be higher than is currently recognised.

The long term clinical implications of immunosuppression-associated  
glucose intolerance and diabetes are uncertain and rely on extrapolations  
from studies in non-transplant populations. Patients with impaired glucose  
tolerance may have an increased probability of progression to diabetes  
mellitus, whereas long term diabetes carries the risk of tissue damage  
from specific microvascular complications, i.e. diabetic  
**retinopathy**, neuropathy and nephropathy. Epidemiological and  
experimental studies have implicated glucose intolerance and  
hyperinsulinaemia as risk factors for atherosclerosis. Hypertension and  
atherogenic plasma lipid profiles are also frequently encountered in  
transplant recipients treated with **cyclosporin**,  
**tacrolimus** and corticosteroids. Thus, patients treated with these  
drugs, particularly in combination, may possess a multiplicity of risk  
factors for macrovascular disease. These factors may be relevant to the  
development of accelerated atherosclerosis that occurs in renal and  
cardiac transplant recipients. However, their contribution to  
post-transplant macrovascular disease is uncertain at present.

Carefully designed prospective studies will be necessary to determine  
the natural history of postoperative diabetes in organ transplant  
recipients. We recommend that future clinical studies of immunosuppressive  
agents should avoid arbitrary diagnostic criteria for diabetes and should  
incorporate rigorous methods for the assessment of glucose tolerance,  
insulin secretion and insulin action. Modifications of existing

immunosuppressive drug regimens may reduce the incidence or severity of postoperative diabetes. Elucidation of the molecular mechanisms responsible for this metabolic complication should provide a more logical basis for prevention and treatment.